



IF-6

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/628,033
		Filing Date	July 25, 2003
		First Named Inventor	Paul Harold Bryson
		Art Unit	1617
		Examiner Name	Gina C. Yu
Total Number of Pages in This Submission	13	Attorney Docket Number	66140P029

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 12, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Jean Svoboda		
Signature		Date	January 12, 2006



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/628,033
Filing Date	July 25, 2003
First Named Inventor	Paul Harold Bryson
Examiner Name	Gina C. Yu
Art Unit	1617
Attorney Docket No.	66140P029

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
	15	20**	0	50.00
	2	3**	0	200.00
Independent Claims				
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	50 25 Claims in excess of 20
1201	2201	200 100 Independent claims in excess of 3
1203	2203	350 180 Multiple Dependent claim, if not paid
1204	2204	300 150 **Reissue independent claims over original patent
1205	2205	300 150 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)

0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051	2051	130 65 Surcharge - late filing fee or oath
1052	2052	50 25 Surcharge - late provisional filing fee or cover sheet.
2053	2053	130 130 Non-English specification
1251	2251	120 60 Extension for reply within first month
1252	2252	450 225 Extension for reply within second month
1253	2253	1,020 510 Extension for reply within third month
1254	2254	1,590 795 Extension for reply within fourth month
1255	2255	2,160 1,080 Extension for reply within fifth month
1401	2401	500 250 Notice of Appeal
1402	2402	500 250 Filing a brief in support of an appeal
1403	2403	1,000 500 Request for oral hearing
1451	2451	1,510 1,510 Petition to institute a public use proceeding
1460	2460	130 130 Petitions to the Commissioner
1807	1807	50 50 Processing fee under 37 CFR 1.17(q)
1806	1806	180 180 Submission of Information Disclosure Stmt
1809	1809	790 395 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	790 395 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature		Date	01/12/06		



Docket No.: 066140.P029

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul Harold Bryson, et al

Application No.: 10/628,033

Filed: July 25, 2003

For: **SKIN COMPOSITION**

Art Group: 1617

Examiner: Gina C. Yu

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Madam:

In response to the Office Action dated October 12, 2005, Applicant submits the following amendments and remarks: